


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 FEB 25 PM 12:37 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L95000000677				1a. Principal Place of Business Address	
KGC RESTAURANT, L.C. 2783 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744						2783 NORTH ORANGE BLOSSOM TRA KISSIMMEE FL 34744	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1995		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
				5. Date of Last Report		6. Certificate of Status Desired	
				04/25/1996		<input type="checkbox"/> Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
KTG&S REGISTERED AGE, NT CORPORATION ONE INTERNATIONAL PLACE SUITE 2800 MIAMI FL 33131				Name <b>Edwin H. Cole</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>4130-F AURORA ST</b>			
				Suite, Apt. #, etc.			
				City		Zip Code	
				<b>Coral Gables FL</b>		<b>33136</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.							
SIGNATURE <u><i>Edwin H. Cole</i></u>				DATE <u>2/13/97</u>			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
<del>MGR</del>	<del>THE EMBERS RESTAURANT,</del>	<del>2783 NORTH ORANGE BLOSSOM</del>		<del>KISSIMMEE FL</del>			
MEM	EDWIN H. COLE	4130-F AURORA ST		CORAL GABLES, FL.			
				800002098058-33136 -02/26/97--01006--008 ****203.75 ****203.75			
MEM	JOHN C. GEVERS	2783 N. ORANGE BLOSSOM TR.		Kissimmee, FL. 34744			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: <u><i>Edwin H. Cole</i></u>				Date <u>2/13/97</u> (305) 448-5700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Daytime Phone #			

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